



Last Updated: 03/09/2022

## Reduction of the Dispensing Fee for Brand and Generic Name Drug Products and Modifications to the Virginia Medicaid PDL Program - Effective July 1, 2009

The purpose of this memorandum is to inform you about the reduction in pharmacy dispensing fees for brand and generic name drug products from \$4.00 to \$3.75, effective July 1, 2009 and modifications to Virginia Medicaid's Preferred Drug List (PDL) Program effective July 1, 2009, unless otherwise noted.

### **REDUCTION OF THE PHARMACY DISPENSING FEE FROM \$4.00 TO \$3.75**

As required by the 2009 Appropriations Act, effective July 1, 2009, the dispensing fee for brand and generic name drug products will be \$3.75. This decrease from the current dispensing fee of

\$4.00 will be applied to all pharmacy claims with dates of service on or after July 1, 2009. This decrease effects the Medicaid, FAMIS, MEDALLION, and FAMIS Plus fee-for-service populations. It does not apply to dispensing fees for recipients enrolled in a Managed Care Organization. **Pharmacy providers may contact the First Health Services Clinical Call Center with questions regarding this change at 1-800-932-6648 (available 24 hours a day, seven days a week).**

### **PREFERRED DRUG LIST (PDL) UPDATES - EFFECTIVE JULY 1, 2009**

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid program allows payment without requiring prior authorization (PA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to PA. Other clinical criteria may also apply for each respective drug class. There are provisions for a 72-hour supply of necessary medications so this initiative will not cause an individual to be without an appropriate and necessary drug therapy.



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The PDL program aims to provide clinically effective and safe drugs to its clients in a cost-effective manner. Your continued compliance and support of this program is critical to its

success. The PDL is effective for the fee-for-service populations. The PDL **does not** apply to recipients enrolled in a Managed Care Organization.

Therapeutic drug classes in Phase II of the PDL are typically reviewed in the spring and their drug status (preferred or non-preferred) is revised on July 1<sup>st</sup> of each year. The Pharmacy & Therapeutics (P&T) Committee recently conducted its annual review of the PDL Phase II drug classes at its April 2009 meeting and some changes were made to the PA criteria for these classes.

The therapeutic classes included in the annual review of PDL Phase II were:

Second Generation Sulfonylureas Alpha-Glucosidase Inhibitors Biguanides

Biguanide Combination Meglitinides Thiazolidinediones Thiazolidinediones-Metformin Combinations

Thiazolidinediones-Sulfonylurea Combinations

DPP-IV Inhibitors Leukotriene Modifiers

Leukotriene Formation Inhibitors

Non-Steroidal Anti-Inflammatory Drugs (NSAID) (*now includes Cox-2 Inhibitors*) Long Acting Narcotics Antihyperkinesis/CNS Stimulants Bisphosphonates

Second Generation Cephalosporins Third Generation Cephalosporins Second Generation Quinolones Systemic Third Generation Quinolones - Systemic Macrolides - Adult and Pediatric Ketolides



Oral Antifungals for Onychomycosis Herpes Antivirals

Influenza Antivirals Topical Antibiotics

Glaucoma Alpha-2 Adrenergic Glaucoma Beta-blockers

Glaucoma Carbonic Anhydrase Inhibitors Glaucoma Prostaglandin Analogs Ophthalmic Anti-Inflammatory (NSAID)

Ophthalmic Antibiotics (Quinolones & Macrolides)

Ophthalmic Allergic Conjunctivitis (Ophthalmic Antihistamines and Ophthalmic Mast Cell Stabilizers) Serotonin Receptor Agonists (Tryptans)

The P&T Committee also evaluated new drugs within five PDL Phase I drug classes:

Electrolyte Depleters Class

- calcium acetate 667MG
- Eliphos<sup>®</sup>

Lipotropics-Fibric Acid Derivatives Class

- Trilipix<sup>™</sup>

Corticosteroid Nebulizer Solutions Class

- Budesonide (first time generic) Proton Pump Inhibitors Class
  - Prilosec suspension<sup>®</sup>
  - Kapidex<sup>®</sup>

Urinary Tract Antispasmodics Class

- Toviaz<sup>™</sup>

The P&T Committee deemed two new drug classes as PDL eligible. The new



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classes and related drugs include:

### Immunological Agents:

- Self Administered Drugs for Rheumatoid Arthritis (RA),
  - Multiple Sclerosis
- Agents. Dermatologic Agents:
- Topical Agents for Acne (Topical Combination Benzoyl Peroxide and Clindamycin)
  - Topical Retinoids
  - Topical Agents for Psoriasis

Lastly, the P&T Committee reviewed new drug classes that are a part of existing classes. These include:

- Otic Quinolones part of Antibiotics
- Topical Antivirals part of Antivirals
- Intranasal Antihistamines part of Asthma-Allergy
- Non-Ergot Dopamine Receptor Agonists part of Central Nervous System
- Calcitonins part of Osteoporosis
- Gout Suppressants (Antihyperuricemics) part of Miscellaneous

### **ADDITIONS TO PREFERRED STATUS**

**diclofenac Sodium** (Ophthalmic Anti-Inflammatory) \*

**Lotrel® Strengths 5/40 and 10/40** (CCB/ACEI

Combinations) \* **amlodipine/ benazepril** (CCB/ACEI

Combinations) \* **ipratropium** (COPD

Anticholinergics) \*

**E.E.S®** (Macrolides) \*



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**ERYC<sup>®</sup>** (Macrolides) \*

**Eryped<sup>®</sup>** (Macrolides)

\* **Ciprodex<sup>®</sup>** (Otic

Quinolones) **ofloxacin**

(Otic Quinolones)

**Enbrel<sup>®</sup>** (Self Administered Drugs for RA)

**Humira<sup>®</sup>** (Self Administered Drugs for RA)

**Duac CS<sup>®</sup>** (Combo Benzoyl Peroxide and  
Clindamycin) **Differin<sup>®</sup> 1% Cream** (Topical  
Retinoids/Combinations) **Differin<sup>®</sup> 1% & 0.3% Gel**  
(Topical Retinoids/Combinations) **Retin<sup>®</sup>-A Micro**  
(Topical Retinoids/Combinations)

**Retin<sup>®</sup>-A Micro Pump** (Topical Retinoids/Combinations)

**tretinoin** (Topical  
Retinoids/Combinations) **Epiduo<sup>®</sup>**  
(Topical Retinoids/Combinations)  
**Abreva<sup>®</sup> OTC** (Topical Antivirals)  
**Zovirax<sup>®</sup> Ointment** (Topical  
Antivirals)

**Calcipotriene<sup>®</sup>** (Topical Agents for  
Psoriasis) **Dovonex<sup>®</sup>** (Topical Agents  
for Psoriasis) **Psoriatec<sup>®</sup>** (Topical  
Agents for Psoriasis) **Fortical<sup>®</sup>**  
(Calcitonins)

**Miacalcin<sup>®</sup>** (Calcitonins)

**Avonex<sup>®</sup>** (Multiple Sclerosis Agents)

**Avonex<sup>®</sup> Adm Pack** (Multiple Sclerosis  
Agents) **Betaseron<sup>®</sup>** (Multiple Sclerosis  
Agents) **Copaxone<sup>®</sup>** (Multiple Sclerosis  
Agents)

**Rebif<sup>®</sup>** (Multiple Sclerosis  
Agents) **Astelin<sup>®</sup>** (Intranasal  
Antihistamines) **Astepro<sup>®</sup>**  
(Intranasal Antihistamines)



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**Mirapex®** (Non-Ergot Dopamine Receptor Agonists)

**ropinirole HCL** (Non-Ergot Dopamine Receptor Agonists)

**allopurinol** (Oral Agents for Gout)

**Suprax Suspension®** (Antibiotics: Third Generation Cephalosporins)

**meloxicam** (NSAIDs Non-Steroidal Anti-Inflammatory Drugs including Cox-2 Inhibitors with Celebrex® in list)

**Kadian®** (Long Acting Narcotics)

**Altabax®** (Topical Antibiotics)

## **ADDITIONS TO NON-PREFERRED STATUS**

**Voltaren®** (Ophthalmic Anti-Inflammatory) \*

**Lotrel® Strengths Other Than 5/40 and 10/40** (CCB/ACEI Combinations) \*

**Atrovent®** (COPD Anticholinergics) \*

**Cipro HC®** (Otic Quinolones)

**Floxin Drops®** (Otic Quinolones)

**Kineret®** (Self Administered Drugs for RA)

**Benzacilin®** (Combo Benzoyl Peroxide and Clindamycin) **Duac Gel®** (Combo Benzoyl Peroxide and Clindamycin) **Altinac®** (Topical Retinoids/Combinations)

**Atralin®** (Topical Retinoids/Combinations) **Retin-A®** (Topical Retinoids/Combinations)

**Tazorac®** (Topical Retinoids/Combinations) **Tretin-X®**



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(Topical Retinoids/Combinations)

**Ziana™** (Topical

Retinoids/Combinations) **Denavir®**

(Topical Antivirals)

**Zovirax Cream®** (Topical Antivirals)

**anthralin** (Topical Agents for

Psoriasis) **Dovonex Scalp®** (Topical

Agents for Psoriasis) **Micanol®**

(Topical Agents for Psoriasis)

**Taclonex®** (Topical Agents for

Psoriasis) **Taclonex Scalp®** (Topical

Agents for Psoriasis) **Vectical®**

(Topical Agents for Psoriasis)

**calcitonin-salmon nasal** (Calcitonins)

**Patanase®** (Intranasal Antihistamines)

**Requip®** (Non-Ergot Dopamine Receptor Agonists)

**Requip Dose Pack®** (Non-Ergot Dopamine Receptor Agonists)

**Uloric®** (Oral Agents for Gout)

**Elestat drops®** (Ophthalmic

Antihistamines) **Patanol drops®**

(Ophthalmic Antihistamines) **Pataday**

**drops®** (Ophthalmic Antihistamines)

**Zaditor drops®** (Ophthalmic

Antihistamines) **Optivar drops®**

(Ophthalmic Antihistamines)

**clarithromycin ER** (Macrolides)

**Lumigan®** 0.03% Drops (Ophthalmic Prostaglandin

Analogues) **Cedax Capsule®** (Antibiotics: Third

Generation Cephalosporins) **Cedax Susp®**

(Antibiotics: Third Generation Cephalosporins)

**Fosamax plus D®** (Bisphosphonates)



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**Avinza®** (Long Acting Narcotics)

*\*these changes to the PDL were implemented on 4/21/2009*

The revised PDL Quicklist reflecting all changes is attached and will be effective on July 1, 2009. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). **A PA is required if the drug requested from one of these select therapeutic classes is not on the list.**

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting [http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm) or <https://virginia.fhsc.com>. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to [pdlinput@dmas.virginia.gov](mailto:pdlinput@dmas.virginia.gov).

### **PDL PRIOR AUTHORIZATION (PA) PROCESS**

A message indicating that a drug requires a PA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient’s prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter; faxing to 1-800-932-6651; contacting the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the aforementioned web-based prior authorization process (Web PA). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

First Health Services  
Corporation ATTN: MAP  
Department/ VA Medicaid 4300  
Cox Road

Glen Allen, Virginia 23060

A copy of the PA form is available online at <http://www.dmas.virginia.gov/pharm->





[pdl\\_program.htm](#) or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

## **PDL 72-HOUR-SUPPLY PROCESSING POLICY AND DISPENSING FEE PROCESS**

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation (FHSC) at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee (brand name and generic drugs effective July 1, 2009) when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

## **PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST**

There are two ways to download the PDL list for PDA users. On the DMAS website ([http://www.dmas.virginia.gov/pharm-pdl\\_program.htm](http://www.dmas.virginia.gov/pharm-pdl_program.htm)), there is a link, which enables providers to download the PDL Quicklist to their PDAs. This page will have complete directions for the download and HotSync operations.



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If you are an ePocrates® user, you may also access Virginia Medicaid's PDL through the ePocrates® formulary link at [www.epocrates.com](http://www.epocrates.com). ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit the ePocrates® website. To download the Virginia Medicaid PDL via the ePocrates® website to your PDA, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to [www.epocrates.com](http://www.epocrates.com).
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your PDA to install the "Virginia Medicaid-PDL" to your PDA.

### **REQUESTS FOR DUPLICATE REMITTANCE ADVICES**

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

### **ELIGIBILITY VENDORS**

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered contact the vendors:



Department of Medical Assistance Services  
600 East Broad Street  
Suite 1300  
Richmond, VA 23219

<https://dmas.virginia.gov>

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Passport Health  
Communications, Inc.  
[www.passporthealth.com](http://www.passporthealth.com)  
[sales@passporthealth.com](mailto:sales@passporthealth.com)

Telephone #: (888) 661-5657

SIEMENS Medical Solutions - Health  
Services Foundation Enterprise  
Systems/HDX [www.hdx.com](http://www.hdx.com)

Telephone #: (610) 219-2322

Emdeon  
[www.emdeon.com](http://www.emdeon.com)

Telephone #: (877) 363-3666

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various



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communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your NPI number available when you call.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-enewsletter.asp](http://www.dmas.virginia.gov/pr-enewsletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memoranda, Medicaid Provider Manuals, or any other official correspondence from DMAS.